



Adult Day Services



Indiana Family and Social Services Administration
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Adult Day Services

Adult Day Services is a comprehensive, non-residential service provided through the Aged and Disabled Medicaid Waiver. Individuals receive this service in a structured community setting which provides a variety of health, social, recreational and therapeutic activities, supervision, support services, and in some cases, personal care. Meals and/or nutritious snacks are required and must meet the Dietary Reference Intake for adults. The individual receives Adult Day Services in a congregate, protective setting, allowing him or her to continue to reside with family or other caregiver. This service allows participants to continue to live in their communities and allows caregivers the ability to maintain routine activities and responsibilities while assured that their loved ones' needs are being met in a safe and familiar setting. According to the waiver requirements, participants attend on a planned basis. A minimum of 3 hours per day and a maximum of 12 hours per day is allowed.

LTCOPTIONS.in.gov

Eligibility

To receive Adult Day Services, the individual must be participating in the Medicaid Waiver, and this service must be on an approved Individual Plan of Care. Adult Day Services may be received through the Medicaid Waiver as well as other types of funding approved through their local Area Agency on Aging. Eligibility for Adult Day Services through the Medicaid Waiver depends on meeting the following requirements:

- ▼ Eighteen years of age or older;
- ▼ Must meet financial guidelines for Medicaid;
- ▼ Nursing Facility level of care; and
- ▼ Have a Level of Service rating of 1, 2, or 3

Eligibility Determination

There are 16 Area Agencies on Aging across the State of Indiana. Individuals seeking Adult Day Services should contact their local Area Agency on Aging to complete a Medicaid Waiver application. Additionally, a case manager at the Area Agency on Aging will complete an assessment to determine eligibility as well as the level of service needed by the individual. Case managers will work with the individual, family, physician, and other health professionals to make sure that the individual is receiving services that meet his or her needs through the development of an Individual Plan of Care.

Level of Service

The individual's Medicaid Waiver case manager must evaluate the individual's level of service to determine the level of assistance he or she will require. This is completed with a Level of Service Assessment Tool specific to this service, and yields

a point rating that categorizes the level of service needs as 1, 2, or 3. If the level of service is rated at more than a Level 3 the individual is considered to have more needs than can be provided through this setting. This person is determined to be ineligible for this particular service.

A Level of Service Assessment must be completed a minimum of once per year. This rating will determine the rate at which the Provider of the service is paid through Medicaid.

Becoming a Provider

To become an Adult Day Services provider you must contact the Division of Aging to receive a Medicaid Waiver Application Packet. This packet explains the documentation required in order to become a provider. In addition to submitting the application packet the following documentation must be provided:

- ▼ proof of age; must be 21 years of age or older;
- ▼ proof of First Aid/CPR certification;
- ▼ must have an annual physical;
- ▼ must be free of TB or communicable diseases; and
- ▼ must pass a criminal background check;
- ▼ an inspection of the facility will be completed by the Division of Aging or its designee.

Resources:

- ▼ LTCOPTIONS.in.gov
- ▼ To locate your local Area Agency on Aging contact: 1-800-986-3505 or www.in.gov/fssa/elderly/aaa/index.html.
- ▼ For additional information contact the FSSA Division of Aging at 1-800-545-7763.

